

## FOR APPLICANTS RESIDING IN TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 IdentoGO Centers around Texas, to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. IdentoGO is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at <http://www.identogo.com> or by calling 1-888-467-2080. The cost of this service is \$9.95 plus a \$31.50 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

### Here is how to get started:

1. **You will need to follow the instructions on the FAST Pass labeled 'Applicants Residing in Texas' to schedule an appointment** by logging on to the IdentoGO website, <http://www.identogo.com> or by calling 1-888-467-2080. If you are scheduling by phone, you will need to request an **"Electronic Fingerprint Submission"** appointment.

When scheduling an appointment you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.

✦ *Requested data is required by the TXDPS and the FBI to process the background check.*

2. All necessary fields on the FAST Pass must be completed. You will need to bring the completed FAST Pass and valid State Issued Identification to your appointment. During the fingerprint appointment you will be prompted for Social Security Number and Driver License Number. You are also required to have your photograph taken at the time of the appointment.

✦ *Requested data is required by the TXDPS and the FBI to process the background check.*

3. Once the appointment is completed you will be provided with a signed receipt which includes the Tracking Control Number (TCN), please retain this receipt for your records.
4. The fingerprints, demographic information, and photograph will be sent to TXDPS for processing and returned to the BON via a Secure Website account.



## Fast Pass Applicants Residing In Texas Texas Board of Nursing

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.identogo.com> or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check.

These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only made payable to MorphoTrust USA. (Cash is not accepted.) Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX920440Z**
10. Enter: **Application ID**
11. Follow the prompts to enter requested information
12. Bring this completed form with you to your appointment

### Section One: Qualified Entity Information

ORI#: TX920440Z

Original TCN: \_\_\_\_\_  
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Texas Board of Nursing

### Section Two: Applicant Name (To be completed by applicant)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
(Please print) (Please print) (Please print)

### Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken \_\_\_\_\_ Amount Charged For Service: \$41.45  
Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Acct \_\_\_\_\_

TCN: \_\_\_\_\_

☐ I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.A. Name: \_\_\_\_\_ E.A. Signature: \_\_\_\_\_  
(Please print)